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maintenance ree notificati	ons.					_		
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23557 7590 03/15/2010								
SALIWANCHIK LLOYD & SALIWANCHIK A PROFESSIONAL ASSOCIATION PO BOX 142950					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
GAINESVILLE, FL 32614 Ph: (352)375-8100 Fax: (352)372-5800				N/A - Filed EFS (Depositor's name)				
	, o o	(332/372 30)	0 0				(Signature)	
				L	***************************************		(Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVEN		TOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/581,144 07/05/2007			Christian Belmant		INN.135 1963		1963	
TITLE OF INVENTION:	CLASS OF GAMMA	DELTA T CELLS ACTIV	VATORS AND USE T	THER	EOF			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	JE DATE DUE	
nonprovisional	YES	\$755	\$300		\$0	\$1055	06/15/2010	
EXAMI	VER	ART UNIT	CLASS-SUBCLASS	3				
LAU, JONATHAN S		1623	23 558-199000					
 Change of correspondent CFR 1.363). 	nce address or indication	n of "Fee Address" (37		-	tent front page, list		NCHIK, LLOYD	
Change of corresponded Address form PTO/SB/	(1) the names of up to 3 registered patent attorneys 1 & SALIWANCHIK or agents OR, alternatively,							
Address form P10/8B/	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
"Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AN					•			
PLEASE NOTE: Unler recordation as set forth	ss an assignee is ident in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on th T a substitute for filing	he pat g an a	tent. If an assigne ssignment.	e is identified below, the	document has been filed for	
(A) NAME OF ASSIG	(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
INNATE PHARMA SA			MARSEILLE, FRANCE					
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent):		Individual 🛚 Cor	poration or other private g	group entity Government	
4a. The following fee(s) ar	41	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee		A check is enclosed,						
Publication Fee (No Advance Order - #	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number(enclose an extra copy of this form).							
			overpayment, to D	Deposi	it Account Number	e the required ree(s), any to conclose	an extra copy of this form).	
 Change in Entity Statu a. Applicant claims 			☐ b. Applicant is no	longe	er claiming SMALI	L ENTITY status. See 37 (CER 1 27(a)(2)	
							the assignee or other party in	
increase as another by the re-	Por I	Grand and face mark	Office.					
Authorized Signature _	THANC	rawayen				ne 14, 2010		
Typed or printed name	FRANK C. EIS	ENSCHENK, PH.I). 		Registration No	45,332		
	application form to the ns for reducing this bur ginia 22313-1450. DO 3-1450.	USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	depending upon the interpretation of the control of	s estir ndivic fficer, S TO	mated to take 12 m dual case. Any con , U.S. Patent and T THIS ADDRESS.	inutes to complete, including including including including the second of the second including i	nd by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450, ol number.	